

CERTIFICATE OF MAILING						
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.						
Typed or Printed Name	yped or Printed Name Wilhelm A. Palmen Jr.					
Signature	Bills Palen			Date	February 17, 2000	
		Attorney Docket	2300-1:	00-1544		
INFORMATION DISCLOSURE STATEMENT Address to: Box Non Fee		First Named Inventor	Khoja et al.			
		Application Number	09/433,360			
		Filing Date	November 3, 1999			
		Group Art Unit	1643	1643		
Assistant Commissioner Washington, D.C. 2023		xaminer Name	unassig	unassigned		
vi asimigion, D.C. 2023	TOT PAICHES THE THE TRANS	tle	Polype	Isolated VSHK-1 Receptor Polypeptides and Methods of Use Thereof		

Sir:

This is an Information Disclosure Statement submitted for the Examiner's consideration. A Form PTO-1449 listing the references accompanies this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

This Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. §102.

As applicants have not yet received a first Action on the merits, no fee is believed to be required for filing this Information Disclosure Statement. If, however, the PTO finds that for some reason a fee is due, our Deposit Account No. 50-0815 may be charged therefor.

Respectfully submitted, BOZICEVIC, FIELD & FRANCIS LLP

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Feb. 17, 2000

By: Paula A. Borden

Registration No. 42,344

BOZICEVIC, FIELD & FRANCIS LLP 285 Hamilton Avenue, Suite 200 Palo Alto, California 94301 Telephone: (650) 327-3400

Telephone: (650) 327-3400 Facsimile: (650) 327-3231

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NON FEE TRANSMITTAL

Note: Effective October 1, 1997 Patent fees are subject to annual k

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Title		Isolated VSHK-1 Receptor Polypeptides and Methods of Use Thereof

Enclosed are the following documents:

- Return Postcard
- ♦ Information Disclosure Statement (1 page)
- ♦ PTO Form 1449-Modified (2 pages)
- Copies of <u>26</u> Cited References

CLAIMS						
No. of claims as filed		Most claims	Extra	Fee from		Fee
or after amendment	_	previously paid	<u>claims</u>	<u>below</u>		<u>Due</u>
Total claims		- 20	=	x	=	
Ind. claims		- 3	=	x	=	
Multiple Dependent c	laims			x	. =	
Large Fee Code	Entity Fee (\$)	Small Fee Code	e Entity Fee (\$)	Fee Description		

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130 -	Multiple dependent claim
109	78	209	39	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of and over original patent

SUBMITTED BY	Complete (if applicable)				
Typed or Printed Name	Reg. Number	42,344			
Signature	and of	Date Feb. 17	2000	Deposit Account	50-0815

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